## **2007 CHILDREN FIRST PROGRAM PLAN**

<u>Part A: Eligible Contractor</u> Wisconsin County Agency, County De	partment
Wisconsin Tribal Agency	
Wisconsin W-2 Agency	
Octobra de la Chiladada (Con) Accesso Novembro	
Contractor (Administrative) Agency Nam	ne and Address:
Contact Person:	
Contact Phone:	
Contact Email:	
Part B: Subcontractor for Children F	irst Case Management Services
No subcontractor proposed	
Subcontractor Agency Name and Addre	ess:
Caboninacion Agency Hame and Adams	
Contact Person:	
Contact Phone:	
Contact Email:	
Attached Subcontractor Letter of Supp	port or copy of 2007 Subcontract
Attached Additional Subcontractor Let	ter of Support or 2007 Subcontract
/ Machina / Madition and Casconitiation Edit	tor or cupport or 2007 Cabbonitation
art C: Proposed Service Area	
The contractor must serve all counties/tribe areas may <b>not</b> cross Workforce Developm	es specified in the proposed service area. Service ent areas.
County/Tribe	√ Child Support Agency Letter of Support Attached
<del></del>	<del></del>
Additional Counties/Tribes and Letters	s of Support Attached
	or Cupper machine
art D: Proposed Annual Funding Le	<u>evel</u>
Frieting Children First Browns	
Existing Children First Program:	
Projected Children First Funding Allocation	n:
\$OR	\$
(per Attachment 3)	(if different than projection, please justify)
New Children First Program:	Requested 2007 Funding: \$

Part	E: Background and Philosophy of the	Organization	
	Provide a one-page summary that includes the and the philosophy of the organization.	ie proposer's organizational backgroun	ıd
Par	t F: Proposed Children First Activities	and Anticipated Outcomes	
F	Provide a one-page summary that includes pranticipated Children First outcomes.		
Dor	t G. Mathadalagy to Identify Outcome	a (antional)	
F	t G: Methodology to Identify Outcomes Provide a one-page summary of any propose and measure the success of the proposed Ch	d methodology to identify outcomes	
Pari	H: Authorized Contractor Signature:		
<u>. ui</u>	THE PLANTAGE OF THE PARTY OF TH		
_	Administering Agency Representative	Title Date	